

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270650

**Entity Name:** LILLIE HOME CARE LLC

**Current Principal Place of Business:**

3357 SW 23 ST  
MIAMI, FL 33145

**Current Mailing Address:**

3357 SW 23 ST  
MIAMI, FL 33145 US

**FEI Number:** 83-2656271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VACAS NEGREDO, ALBERTO  
3357 SW 23 ST  
MIAMI, FL 33145 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	VACAS NEGREDO, ALBERTO	Name	DELGADO SIERRA, ANA
Address	3357 SW 23 ST	Address	3357 SW 23 ST
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERTO VACAS NEGREDO

**MANAGER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date